

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1	1	1	1
TOTAL DEP.	19		19	19	19	19
TOTAL CLAIMS	20		20	20	20	20

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1	1	1	1
TOTAL DEP.			19	19	19	19
TOTAL CLAIMS			20	20	20	20

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS